



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 138514		3. This Statement covers From: <u>08/11/09</u> to <u>11/23/09</u>	
2. Committee Name Committee to elect Garry Wertenberger		4. Candidate Last Name <u>Wertenberger</u> First Name <u>Garry</u> M.I. <u>E</u> 4a. Office Sought Including District # or Community Served (if applicable) Lakeview School Board, Trustee 4b. County of Residence <u>Macomb</u>	
5. Committee's Mailing Address 27928 Vogt St Clair Shores, MI 48081 Area Code and Phone <u>(586) 419-9396</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address Pamela Wertenberger 27928 Vogt St Clair Shores, MI 48081 Area Code & Phone <u>(586) 445-0563</u>	
7. Treasurer's Business Address 27928 Vogt St Clair Shores, MI 48081 Area Code and Phone <u>(586) 445-0563</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <u>11/03/09</u>		9c. <input checked="" type="checkbox"/> Annual Statement (<u>2009</u> Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>Pamela Wertenberger</u> <small>Type or Print Name</small>	<u>Pamela Wertenberger</u> <small>Signature</small> Date <u>12/1/09</u>
Candidate <u>Garry E. Wertenberger</u> <small>Type or Print Name</small>	<u>Garry E. Wertenberger</u> <small>Signature</small> Date <u>DEC 1, 09</u>

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138514

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Garry Wertenberger

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 5)	(3a.) \$	<u>2,126.47</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,126.47</u>	(18.) \$ <u>\$2,126.47</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$2,126.47</u>	(20.) \$ <u>\$2,126.47</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 8)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,054.99</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$71.48</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,126.47</u>	(23.) \$ <u>\$2,126.47</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,126.47</u>	
	(15.) = \$	<u>\$2,126.47</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$2,126.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138514

2. Committee Name Committee to Elect Garry Wertenberger

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/09</u>	
Name & Address: Bill Brown 22615 Arcadia St St Clair Shores, MI 48081		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/09</u>	
Name & Address: Joe Sergeant 21616 Maple St Clair Shores, MI 48081		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/09</u>	
Name & Address: James Scarletta 215 Parsons Lane Rochester Hills, MI 48307		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/09</u>	
Name & Address: Jared Dell 22482 St. Clair Dr St Clair Shores, MI 48081		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$170.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138514
2. Committee Name Committee to Elect Garry Wertenberger

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/09</u>	
Name & Address: Mark Fratarcangelli 22522 Wildwood St Clair Shores, MI, 48081		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/09</u>	
Name & Address: Robert Wright 27931 Vogt St Clair Shores, MI 48081		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/09</u>	
Name & Address: Sharon Wright 27931 Vogt St Clair Shores, MI 48081		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/09</u>	
Name & Address: Mary Brown 22615 Arcadia St Clair Shores, MI 48081		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1385142. Committee Name Committee to Elect Garry Wertenberger

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/11/09</u>	
Name & Address: Garry Wertenberger 27928 Vogt St Clair Shores, MI 48081		\$ <u>100.00</u>	\$ <u>1856.47</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Manager</u> Employer <u>TRW Automotive</u> Business Address <u>12000 Tech Center Drive, Livonia, MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/09</u>	
Name & Address: Garry Wertenberger 27928 Vogt St Clair Shores, MI 48081		\$ <u>1000.00</u>	\$ <u>1856.47</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Manager</u> Employer <u>TRW Automotive</u> Business Address <u>12000 Tech Center Dr, Livonia, MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/09</u>	
Name & Address: Garry Wertenberger 27928 Vogt St Clair Shores, MI 48081		\$ <u>756.47</u>	\$ <u>1856.47</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Manager</u> Employer <u>TRW Automotive</u> Business Address <u>12000 Tech Center Drive, Livonia, MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: 		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$1,856.47

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$2,126.47

Enter this total on
line 3a of Summary
Page.

3
2 of 3



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138514**
2. Committee Name **Committee to Elect Gary Wertenberger**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name City of St. Clair Shores Address 27600 Jefferson Circle Dr St Clair Shores, MI 48081 <input type="checkbox"/> Fund Raiser	Purpose: Filing Fee <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/11/09 Date	\$ 100.00 Click Here for Memo Itemization Type
Expenditure #2 Name Del Printing Address 19724 Nine Mile Rd St Clair Shores, MI 48080 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/09 Date	\$ 1113.99 Click Here for Memo Itemization Type
Expenditure #3 Name The Zimmerman Group Address 21931 Blackburn St Clair Shores, MI 48080 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Flyers <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/09 Date	\$ 695.00 Click Here for Memo Itemization Type
Expenditure #4 Name Cub Scout Pack 1970 Address 27001 Greater Mack St Clair Shores, MI 48081 <input type="checkbox"/> Fund Raiser	Purpose: Thank You Gifts <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/09 Date	\$ 90.00 Click Here for Memo Itemization Type
Expenditure #5 Name Fraser Star Lanes Address 33042 Garfield Rd Fraser, MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: Bowling Fundraiser <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/09 Date	\$ 56.00 Click Here for Memo Itemization Type

Subtotal this page

\$2,054.99

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$2,054.99

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138514

2. Committee Name

Committee to Elect Garry Wertenberger

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/16/09	4. Number of Individuals Attending or Participating (whichever is greater) 12	5. Type of Fund Raising Activity Bowling	6. Address and Name (if any) of the place where the activity was held. Fraser Star Lanes 33042 Garfield Rd Fraser, MI 48026 <input type="checkbox"/> Private Residence
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7. Total Contributions **\$100.00**

8. Other Receipts **\$0.00**

9. Gross Receipts (Add lines 7 and 8) **\$100.00**

10. Total Cost of Event **\$56.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)Expenditure Split
(%)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.